10/625, 199

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILE			R FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = •			x \$=		OR	x s=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AS	minus 3 = *			x \$ =		OR	x \$ =	
···		L NT CLAIM PRESEN	AIM PRESENT (37 CFR 1.16(d))				-	OR	+\$ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						=		OR	TOTAL	
									IOIAL	
اسىر ا	21/16	TAIMS AS AME	ENDED .	- PART II					OTHER	R THAN
51	11 12 12 11 11 11 11 11 11 11 11 11 11 1			(Column 2)	(Column 3)	SMALL	ENTITY	OR •	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	. 20	Minus	-2°	=	x \$=	\	ØR	x \$=	
	Independent (37 CFR 1.16(b))	. 2	Minus	" 3	=	x \$=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
				-		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			•	_ · · _	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	, ***	=	x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)								-		
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*.	Minus	***	=	x \$=		OR	x \$=	
AMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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